The imprint of trauma on family relationships

Tew, Jerry

DOI:
10.1332/204674318X15332944579247

Document Version
Peer reviewed version

Citation for published version (Harvard):
Tew, J 2019, 'The imprint of trauma on family relationships: an enquiry into what may trouble a 'troubled family' and its implications for whole-family services', *Families, Relationships and Societies*, vol. 8, no. 3, pp. 463-478. https://doi.org/10.1332/204674318X15332944579247

The imprint of trauma on family relationships: an enquiry into what may trouble a 'troubled family' and its implications for whole-family services

Abstract

For some families facing complex difficulties, an underlying issue can be the impact of traumatic experiences, such as child abuse or domestic violence. While the impact of trauma on individuals is relatively well understood, its impact on the functioning of family or relational systems is less well theorised. This Paper builds an original conceptual framework to address this, relating this to the practice context of whole-family support and decision-making services. This is explored further through an analysis of narrative data obtained as part of a wider national study into whole-family approaches.

This Paper develops an original conceptual framework to address this, building on ideas of family schema and recovery capital. This discussion is grounded in the practice context of whole-family support and decision-making services, and is explored through an analysis of narrative data obtained as part of a wider national study into whole-family approaches.

Introduction

Within policy and practice discourses around family support and enablement, families may simultaneously be posed as both 'the problem' and 'the solution', often with little theoretical clarity as to how either aspect of family life may be best understood – although frameworks such as restorative practice are starting, in a more consistent way, to address the issue of harm in a relational context (Mason et al, 2017). It has been recognised that, in its emphasis on the pragmatic and the practical, this field has suffered from a 'lack of ... theoretical coherence' (Frost et al, 2015 p. 150). Families may face a range of challenges to their relational functioning – but one particular issue that that merits further exploration is how trauma may impact, not just on individuals, but also on the functioning of their wider family and relational systems. This Paper articulates an original theoretical framework by which to understand both the impact of trauma at a collective level and the resources that people may need in order for them to overcome its legacy - building principally upon the ideas of recovery capital and family schema. This development of theory is informed by in-depth narrative data from three families affected by trauma, obtained as part of a national study into whole-family approaches in mental health.

Background

Particularly since the conception of 'Think Family' (Cabinet Office, 2007), there have been a range of policy and practice initiatives in the UK that have sought to develop different ways of engaging with families so as to enable them, as a collective unit, to 'get back on their feet' and take greater charge of their lives. Such whole-family approaches focus on 'relationships between different family members and use family strengths to limit negative impacts of family problems and encourages progress towards positive outcomes' (ibid. p.30). Any understanding of what constitutes 'family' should necessarily be pragmatic – comprising whatever people themselves identify as their nexus of close relationships, rather than (implicitly) privileging any particular family form.

Family stresses may be both internal and external, and whole-family approaches seek to engage with the totality of family life, rather than a more limited focus on the individualised needs of a child or vulnerable adult, or on dyadic or 'axial' relationships of parenting or caring (Cornford et al, 2013). Conceived in this way, they challenge reductive tendencies in policy and practice to elide a 'family' perspective with a singular engagement with a parent or carer (usually female). However, a whole-family approach may not be appropriate or sufficient in all circumstances – for example where there may be current issues of abuse or domestic violence (Cabinet Office, 2007 p.29). Furthermore, despite their broader focus, such approaches have limited traction in relation to wider social issues such as structural inequalities, and there are concerns that this policy discourse (as with previous policy interventions targeting disadvantaged families) may serve to blame 'problem' families for circumstances that are effectively beyond their control (Garrett, 2007).

A range of programmes and practice models have been developed, including intensive family support and intervention projects, the Troubled Families programme, restorative practice and Family Group Conferencing (Author et al, 2016; York Consulting, 2011; Thoburn, 2015; DCLG, 2014; Mason et al, 2017; Holland and Rivett, 2008). These approaches adopt a predominantly practical focus on enabling families to find the collective motivation, resources and strategies whereby to recover sufficiently as a functioning unit to be able to address their various challenges. However, there has been an increasing realisation that presenting issues that are seen as 'troubling' to the authorities may, in some instances, be manifestations of deeper troubles that are internal to family life:

> 'It is important to establish what is happening in [families'] lives aside from the list of individual problems identified by different agencies; to see the wider family dynamics and how they themselves see their problems and the causes of these problems'. (DCLG, 2014 p.16).

While there may be no 'single stand-out issue that might be described as the underlying problem or root cause' (ibid. p12), for some this may relate to overcoming a legacy of trauma which has affected, not just an individual family member, but also the ongoing

dynamics of family life. Traumatic experiences may take place within context of the abuse of male and/or parental power and include domestic violence or sexual abuse within current or previous family formations. For example, Robson et al (2015) report how 'Donna' and her family came to be referred to a community-based family support project, having asked for her son to be accommodated by the Local Authority due to his violence and her inability to control this. This had followed a period in which she had felt judged and blamed by professionals for her failure to provide control – and their response had been to direct her to undertake parenting courses. These, she had found unhelpful because 'she always felt as though she was being asked to do things that did not fit her family'. Subsequently, in the relative safety of the family support project, she felt able to disclose that she had been a victim of 'overwhelming trauma and abuse' in her childhood. Relational processes within the family had started to fall apart when her son's aggression triggered memories of her own abuse – and her responses became a re-enactment of the fear and submission associated with this.

While there is a substantial theoretical and research literature on trauma and individuals' post-traumatic stress reactions (e.g. Herman, 1992), there is much less that examines the impact on families and relational networks. Without such an understanding, and the implications for practice that stem from this, whole-family services may find it hard to enable some families to make significant progress in resolving their difficulties. Within discourses that are often framed around achieving practical goals, or planning for the protection and care of vulnerable family members, it may be hard to find space to give recognition to the ways in which, at a collective level, the imprint of the past may be holding back what may be possible in the present – especially as families may be reticent about revealing their histories.

Methodology

The impact of trauma emerged as a sub-theme within a wider national study of whole-family approaches in mental health, the main findings of which are reported elsewhere (Tew et al, 2017). Ethical approval for the study was obtained from the NRES Committee North-West Cheshire (Ref 12/NW/0102) with research governance approval from local agencies.

Within the overall sample of 22 families, three identified earlier traumatic abuse as underlying their recent difficulties. Using a case study approach situated within a realist paradigm (Easton, 2010; Pawson and Tilley, 1997), in-depth semi-structured interviews were conducted with one or more adult family members in order to elicit their understanding of their difficulties, how this had impacted on family life and what they had found helpful or otherwise from the whole-family support or decision-making services that they had received. All interviews were digitally recorded and transcribed. In reporting their experiences, pseudonyms are used throughout.

Transcripts were re-analysed separately from the main study, with a fresh coding structure being developed (and refined) to capture themes relating to the impact of trauma. Using an abductive approach (Meyer and Lunnay, 2013), there was an iterative process of using theory to inform the conceptualisation of the data, while at the same time allowing emerging themes from the data to 'speak back' to the theory so that it could be refined and better understood.

Trauma and recovery

Trauma may be defined as an extreme of 'fear without solution' (de Zulueta, 2006 p.339) – a situation that is both profoundly threatening and where one lacks the power or capability to protect oneself or others. There is a well established literature going back to the First World War which has sought to make sense of the longer term impact of extreme and disturbing events upon individuals, with the more recent diagnosis of Post Traumatic Stress Disorder (PTSD) emerging as a response to the impact of such events on veterans from the Vietnam War. Although early discourses centred on the revelation that ordinary men were not psychologically invulnerable when faced with extraordinary circumstances, subsequent research on the prevalence of PTSD symptomatology has shown both that it is a much more widespread a phenomenon, and that women are more often affected than men (Kessler et al, 2005). Somewhat unsurprisingly, more pervasive (but no less extreme) experiences, such as sexual violence and abuse, emerge as more typical originating events – events that often take place in domestic and familiar environments, rather than on far-away battlefields.

Since its inception, the discourse around PTSD has shifted from a definition of trauma that is based on the intrinsic horror of an event, to a recognition that severity of impact may depend more on the relational context in which the event takes place – with the latter influencing whether or not an event is experienced as *overwhelming* (McFarlane and van der Kolk, 1996). The potency of its impact may depend as much on the responses people receive from significant others as on the traumatic circumstance itself:

> 'Many testimonies of trauma survivors indicate that not being supported by the people that they counted on, and being blamed for bringing horrendous experiences upon themselves, have left deeper scars than the traumatic event itself' (ibid. p.27)

What may be seen as central to the experience of trauma is an assault on both one's sense of self and a dislocation of one's attachments to others. For many individuals, and particularly those with histories of multiple or prolonged traumatic experiences, the legacy of trauma may take the form of an 'inability to self regulate, self organize, or draw upon relationships to regain self-integrity' (Ford and Courtois, 2009 p.17). More specifically, this may involve emotional numbing or volatility; avoidance of closeness; shame and/or self-blame, invalidation of self-identity; and shattered systems of meaning and belief (Herman,

1992; McFarlane and Van der Kolk, 1996). This may be accompanied by tendencies to re-experience aspects of the traumatic experience, not just in the form of memory 'flashbacks', but also through patterns of self-harm, violence or re-victimisation – as well as potentially experiencing a range of mental health difficulties.

For some victims of trauma, individual therapeutic support may be important in enabling them to recover from the ongoing effects of the experience. However, there is substantial evidence that being able to access social and relational assets may also be important in determining whether or not it is possible to 'bounce back' (Auxéméry, 2012). Drawing upon the concept of 'recovery capitals' (Tew, 2013), these assets or resources may be characterised in terms of:

- *personal capital* – abilities and dispositions that may relate to people's prior attachment experiences with significant others (Shapiro and Levendosky, 1999)
- *relationship capital* – including being part of supportive personal relationships where people are believed and accepted (McFarlane and Van der Kolk, 1996)
- *identity capital* – holding on to a sense of self that is not fractured or invalidated (see Wilson, 2006), and to positive social identities rather than being 'labelled for their victim identity only' (Harms, 2015 p.157)
- *social capital* – being connected into wider networks of social support and opportunity (Ozer et al, 2003)
- *economic capital* – poverty may inhibit people's ability to 'access to the resources that may facilitate the successful negotiation of their traumatic experiences' (Collins et al, 2010 p.2).

It may be important to recognise both that those already lacking relevant forms of capital may find it harder to recover from a traumatic experience, and that the impact of trauma may be to disrupt people's access to some or all of their pre-existing 'stock' of particular forms of capital.

The impact of trauma on relational systems

Although, for many people, their family and close personal network may be important in terms of their ability to recover, there has so far been relatively little consideration as to how such networks themselves may be affected by trauma. These may be affected differently depending on whether or not the trauma took place within the current grouping, where others may also be implicated (as victims, perpetrators, or bystanders).

Family resilience and recovery capital

Just as with individuals, relational systems may be resilient and have the capacity to bounce back, or they may take on an imprint of the trauma within the ongoing patterning of relationships and interactions. Some families may hold on to their capacity to be 'cohesive, caring and emotionally involved', whereas others may become 'characterised by chaos, disorganisation, anger, emotional detachment, anxiety or depression' (Ford and Saltzman, 2009 p.394) – and it is these families that may be more likely to come into contact with whole-family services. It is not the specific form of a family unit that seems to matter in terms of potential for resilience: single parent, step-parent and extended or multi-generational configurations may work just as well (or badly) as two parent households (Walsh, 2003).

The potential of a family or network to recover as a relational system may depend on their collective ability to mobilise relevant assets and resources. A lack of relevant forms of capital (or its unequal distribution) may have contributed to the circumstances in which the abusive or traumatic events originally occurred. Economic stress and social isolation, and the concentration of power with certain individuals, can be important risk factors. Similar issues may impede collective recovery, and extrinsic sources of social, relationship and economic capital would seem to be crucially important – as well as their availability to all family members. Thus, for some families, a more practical 'everyday life' focus within whole-family services may be helpful and appropriate in mobilising this. Of particular value can be services that focus on 'widening the circle' around the family, both in terms of committed supportive relationships (relationship capital) and (re)connecting families to wider social and employment opportunities in the community (social and economic capitals).

However, this in itself may not be sufficient. Family support and decision-making services may find themselves engaging with deeper and more intractable aspects of the collective imprint of trauma on intra-familial relationships and practices – and how these are organised in everyday life in ways that diminish the availability of recovery capital, both to the grouping as a whole and to specific family members.

Family-level forms of capital: family identities and family schemas

For many families, a key part of being able to rebuild their lives is being able to reclaim positive aspects of collective identity (identity capital). Constructed internally through the overlapping narratives of family members, and externally in how the family is seen within the wider community, 'a sense of family identity creates a symbolic image of "the family" in the minds of family members' (Gunn, 1980 p.20). Particularly where incidents of trauma may evoke public or private shame (as in the case of child abuse or domestic violence), a 'spoiled' family identity may result in wider social disconnection – and even where a perpetrator is no longer seen as part of the family, this may still impact on the ability of the

remaining family members to regroup around a shared positive identity. Furthermore, faced with the aftermath of trauma, it may become increasingly hard for families to hold together a coherent identity at all, particularly where such events have resulted in a fracturing of any sense of shared meaning that could underpin a collective narrative.

Just as the concept of personal capital describes the internalised abilities and dispositions that a person brings to their everyday interactions, it may be helpful to develop the idea of family schema to denote the collective capital (or lack of this) that is inherent in the way that family interactions are organised. A family schema has been defined as a deeply held and largely unconscious 'structure of shared values, beliefs, goals, expectations and priorities' that give form and meaning to family members' interactions with one another and with the external world (McCubbin et al, 1998 p.43). It may be seen to contain within it a set of (usually implicit) behavioural and discursive 'rules' that influence what can be said or done, and by whom. Family schemas that could contribute to collective recovery capital might foreground the acceptance of hurt and vulnerability, and 'being there for each other' – which could be crucial in working through the aftermath of trauma. Conversely, an absence of recovery capital could result from a family schema that was dominated by principles such as 'keeping up appearances' or not 'rocking the boat' – or where hierarchies or schisms create ongoing antagonisms within familial organisation. For recovery capital to be effective, it must be distributed and accessible to those family members who may be most vulnerable.

Where parents were themselves abused as children, trauma may predate the formation of the current family grouping, and unresolved historic issues may still influence the content of a current family schema – for example in how emotional closeness may be managed. In other instances, newly-experienced trauma may challenge or disrupt the capital that had been inherent in a family's schema, thereby undermining their ability to support one another. More insidiously, a pre-existing family schema may have helped to create the conditions in which traumatic abuse could take place – but may then become even more oppressive in its organisation so as to resist the uncovering of what has taken place.

In making sense of family dynamics where children were being (or had been) abused by their fathers, Bentovim proposed a model of the 'trauma-organised system' - a schema in which the perpetrator successfully dominates, not only by (implied) threat, but also by orchestrating systematic processes of misrecognition and misrepresentation within family discourse (1996 p.516). Through this, he is able to justify that his abusive activity is a legitimate response to the 'bad behaviour' of the child victim (who needs to be punished and/or is leading him on), and even to the failure of other family members to come down hard enough on the identified victim. Within this framing, any expression of distress by the child becomes reinterpreted as further evidence of 'bad behaviour' justifying even stricter punishment or abuse. Such systemic patterns and processes may be sustained even if the

abuse has stopped, as long as the perpetrator continues to deny responsibility and has the power within the family organisation to maintain this historic pattern of misrepresentation.

Mentalisation and dissociation in family schemas

Traumatic experiences may destabilise or tear apart whatever core network of relationship capital one may have had. It may leave one feeling no longer able to trust those on whom one had previously counted - particularly so where a traumatic experience takes place in the very context of one's intimate attachments. Others' reactions to the trauma may also involve overwhelming feelings of guilt, anger or disgust that may, in turn, threaten the emotional 'glue' that ensures the ongoing cohesion of the relational system – and hence the stock of relationship capital that is embedded in its schema.

It is possible that a family schema may become characterised by a retreat from emotional intimacy, as relying on others may suddenly seem to be too risky. However, emotional isolation may make it harder to deal with emotional hurt, resulting in pent-up needs for emotional expression and acknowledgement. As will be seen later, this may lead to patterns of emotional volatility, with sudden shifts from avoidance and withdrawal to outbursts of unregulated (and sometimes destructive) emotional expression. This may be seen to connect to the idea of 'disorganised' attachment which, although conventionally used to denote the interactive styles of individuals (Main and Hesse, 1990), may be extended to denote how similar patterns are reproduced within a post-traumatic family schema.

'Mentalisation' is 'the process whereby which we make sense of each other and ourselves' through being 'attentive to the mental states of those we are with' (Bateman and Fonagy, 2010 p.11). At an individual level, mentalisation involves a combination of empathy and self-awareness that enables us to be in touch with and modulate our responses to what is going on in our internal and external worlds. It is an essential part of how we 'do' attachment and 'the most important cause of disruption in mentalising is psychological trauma' (ibid p.12). At a system level, we may conceive of trauma resulting in the disappearance or distortion of the interpersonal spaces within the family schema in which family members can attune to one another, with the emotional expressions of others perhaps being misperceived as threats or impossible demands.

Where individuals may lack the internal and external support to deal with the impact of trauma, a more primitive response and coping strategy can be that of dissociation: a process of fracturing emotional experience into split-off elements, because the totality is such as to 'overwhelm the organism's ability to absorb and integrate them' (Schwartz et al, 2009 p.353). Memories may become separated from the feelings that were associated with them, and elements of both may be split off and blocked from awareness at any one time – or

reappear in disembodied forms such as voice-hearing or compulsions to self-harm or misuse substances. It may be helpful to postulate that similar processes may take place at the scale of a family, if their relationship capital is insufficient to cope with the intensity of hurt, anger or fear that may be triggered by the traumatic experience. Instead there may be a collective 'dodging and weaving', with only very partial (and shifting) expression of elements of feeling or memory being allowed within a family schema that has become dissociative – with this perhaps becoming characterised by the frequent irruption of distractive processes, explosions of harming or abusive behaviours, or the collective recourse to 'blotting out' mechanisms such as alcohol or substance use.

While any explicit engagement with the family schema and the 'rules' of family life may often be seen as the remit for family therapy, it is possible that family support and decision-making services may also provide safe places and structures within which the feelings associated with traumatic experiences may more easily be heard and accepted within a collective space – thereby creating more opportunity for mentalisation within family interactions and decreasing the need to have recourse to more extreme strategies of dissociation. Part of enabling a more cohesive and supportive family schema may involve structuring opportunities for more practical *doing together* as well as opportunities for sharing fractured and painful feelings. Such services may also serve to broaden external networks of relationship and social capital, and by creating spaces within the community within which families may be able to re-establish positive identities.

Family experiences: impact of trauma and engagement with whole-family services

In the following Section, the theoretical concepts developed above are applied and discussed in relation to three family case studies. In each family, there had been concerns relating both to the mental health of parents and to the welfare of children.

The Nicholas Family

All but one of Cathy's children were accommodated in local authority care (although she retained contact) and she received support from a voluntary agency providing 'whole family' support to families where children were in care. She had a diagnosis of PTSD relating to her sexual abuse in her family of origin and had received individual counselling support from mental health services. She described how her experience of abuse had affected the emotional dynamics of her current family. Although feeling competent in undertaking the practical aspects of parenting, she had found particular difficulty in attaching emotionally to her children and in dealing with emotional challenge:

'The abuse ... created a situation ... where I [was not] able to control what was going on [or] to escape what was going on and that was when I started self-harming.... The reaction of the trauma ... continued throughout my life... In my family and my children's lives ... I would react as I had done when I was a child.... I did what had to be done but I ... was too frightened to be vulnerable enough to connect with them in case of rejection, in case of abuse or anything.... They got everything they wanted, except a mum who was emotionally connected to them.'

Focusing excessively on the practical and organisational side of family life enabled her to disconnect, albeit temporarily, from her emotional vulnerability. However, any small lapse in standards would be experienced catastrophically as meaning that '*I would have failed everybody and everybody would be disappointed in me and I wouldn't make anyone proud*'. In this way, her family's schema came to incorporate, not just a more general inhibition of emotional closeness, but also a switching *'two, three or four times a day'* between '*peaks*' of exemplary practical family performance and '*troughs*' when everything fell apart:

'It was very difficult to keep life on a straight line, so there would always be peaks and troughs... When I know everything's organised and everything's done and everybody's where they should be and what have you and I'm coping, I feel clean. When things aren't ... I feel dirty. I feel how I felt when I was a child. I feel out of control and ... I get angry and lash out, like, 'God, I'm just so sick and I just want to be left alone'... I didn't have the skills within me to be able to manage my emotions at all and, therefore, I couldn't teach that to my children'.

For Cathy and her family, issues of family identity, and keeping up appearances, were of great importance. In her family of origin, while her abuse was taking place, an image of respectability was performed and maintained – '*two children, two parents .... and everything was just so*'. In this respect Cathy's family started off as 'a *mirror image of my childhood*' – a precarious and illusory attempt to project an image of happy family life. This may be seen to have resulted in identity capital that lacked any foundational security, and a family schema characterised by an inappropriate level of expectation on her children as to how they had to behave:

'On the outside, everybody always said how good a parent I was and on the inside, I kept thinking, 'I'm going to get found out'. Because I knew deep down that whilst I knew practically I was a very good parent, emotionally, I just wasn't.... I found it really difficult to keep the image up at times.

I think my children almost grew up in a bubble – a bubble of expectation and a bubble of this is how it's supposed to look.... They knew that that was the image and that was what we did. I had no insight at all into my expectations of them and how that might make them feel'.

Cathy's description of her experience of her family support service suggests a genuinely family-inclusive orientation that helped her to rebuild her family as a relational system rather than just focusing on parenting skills or the specific needs of individual children:

> *'They're really interested in the different relationships within the family and how they all connect with each other... They sit us down and we talk and we're open and there's a dialogue going about what the issues are and how we can make it better... They've taught me a lot about how to do that within my own family.'*

Learning how to 'do' dialogue together triggered a significant change in their family schema involving not just Cathy but also other family members. She noted how one of her daughters was demonstrating much greater ability to listen, and offer empathy, in her relationships with her friends – and this was also evidenced by Cathy's description of an evening together with her seven year old daughter and young baby:

> *'We sat and coloured in.... Years ago, I would have been far too busy ... whereas now, things are slightly different and I can see ... [that] sitting with [her] and having that shared experience is far more important.... She values what she calls 'a girly time' and she values it with [other children] as well.... She sits and she reads with [baby] and [he] comes over and he'll stick his head on her... She never used to but over the course of the last year, she's really started to value her time with him. So I'm seeing it happen within the family'.*

This suggests that, even without any specialist family therapy input, an environment of support and inclusive conversations had enabled a significant shift in the family schema, with new spaces emerging for mentalisation. This may be seen to have resulted in a substantial enhancement of relationship capital at a collective level. It also laid the foundation for family identity capital that could cohere around shared emotional experience rather than drastic measures to 'keep up appearances' through exemplary public performance.

The Bryant family

The Bryant family comprised Elaine, her mother, Joan, who lived nearby, and Elaine's four daughters, the eldest of whom, Denise, had recently moved in with Joan. Interviews took place with Joan and Elaine. At the point of referral to Family Group Conferencing services, the main identified concerns had been mental health issues affecting Elaine and Denise, periodic abuse of alcohol by Elaine, Joan and Denise, and childcare concerns relating to the younger children. It was acknowledged that, underlying these issues was a history in which Joan's late husband, Derek, had not only been sexually abusive to her, but had also raped

Elaine. Denise was also showing signs of post-traumatic stress (although the nature of her trauma was not made clear in the interviews).

According to Elaine, it was '*because I was raped [that] I self-medicated the drink and the drugs*' and it would seem that this dissociative response was echoed more widely in the family schema: *'There's issues with alcohol in my family. No-one can deny that'.* On the one hand, alcohol served as a defence against unresolved feelings of hurt or guilt that may have seemed potentially overwhelming. However, on the other, alcohol provided an opportunity to voice '*horrible things'* that connected with their traumatic experiences. This formed part a wider switching between an apparently functional family schema (as long as certain things remained unsaid) and sudden (but temporary) '*relationship breakdowns*' – as soon as any elements of the unsaid were expressed. In Elaine's words:

> 'W*hen my family's good, we're good .... and when it's not, everyone suffers... [As] stress builds up, that's when people turn to drink and that's ... what breaks all the foundations ... all the scaffolding [comes] down. If people didn't turn to drink I think the scaffolding would stay strong and stay up... It just tips it over the edge and then ... we don't talk for days because it's mainly recall of old past and stuff... And then we build up the scaffolding again'.*

Across the generations, there seemed to be a rule within the family schema that stopped people from being able to reveal the 'truth' in the family – a theme that was prominent in both Joan's and Elaine's narratives. According to Joan, '*people are frightened to tell the truth ... in front of another family member*' – perhaps reflecting the control that Derek had once held over family discourse. Perhaps the most sensitive issue between Joan and Elaine was Joan's failure to protect her daughter from being raped by Derek. According to Joan, she did not know that the rape had taken place until after Derek's death:

> *'She knew if I'd known I'd have bought a gun and shot him... but ... he has died now. And I say "good"'.*

Here, Joan implied a relationship in which Elaine *knew* that she would have been able to rely on her for support and protection - but, if this had been the case, it is strange that Elaine did not confide in her much earlier. This suggests that Derek may have been able to dominate family relationships somewhat along the lines of a trauma-organised system, with Joan prevented from 'seeing' any signs of abuse taking place and/or Elaine being unable to tell anyone about it. The continued fear of revealing 'the truth' suggests a continuation of a collusive 'wall of silence' that still persisted after Derek's death.

Just as there seemed to be little 'mentalising' space for Elaine's distress to be heard or acknowledged in the wider family, there seemed to be little space for similar processes of mentalisation in acknowledging and responding to the younger children's feelings and needs. Although most of them were experiencing difficulties sufficiently serious to have

come to the attention of the authorities, their needs for support and understanding figured little in Elaine's narrative, other than the (almost throw-away) mention that even her four-old '*suffers*' when the family underwent its periodic cycle of alcohol abuse and the speaking of '*horrible things'*. Similarly, despite recounting that Denise had also been diagnosed with post-traumatic stress, she describes how she found it impossible to be a listener for her daughter when she became somewhat disinhibited during an episode of mental distress:

> *'She was talking about loads of really scary stuff and I couldn't deal with it as a Mum... I had to shut my mother brain off because I – my head was like "Oh my god, this is my daughter"'*

This illustrates how the lack of lack of collective capital within the family schema could impact on relational functioning across three generations – resulting in multiple concerns to statutory authorities.

Although clearly the conversations were not easy, both Elaine and Joan were positive about the opportunity to talk and make plans together within the context of their Family Group Conference. Elaine found the informal setting was '*a big part of*' enabling family interaction – before starting the discussion they made pizza together. Significant progress was made in resolving some of the issues affecting the younger children, and the Conference (and the preparatory work leading up to it) provided an opportunity to open up a conversation around the ongoing impact of trauma on family interactions. However, despite Elaine's sense that '*our family needed ... to talk honestly about the past, how we got there'*, the Conference format did not provide sufficient space or support for this conversation to take place fully, so that, reflecting after their follow-up review, both identity and relationship forms of capital remained decidedly fragile:

> *'At the surface we put things together, but it was the underneath that I felt we really needed – it was just putting another plaster on, you know. We had to plaster over it again'.*

It is interesting to speculate whether a modest adaptation of the model to allow for a series of Conferences rather than a one-off event might have been more successful in providing both an opportunity in which to share some of their more difficult feelings and to strengthen their 'scaffolding' of relationship capital so that this no longer periodically crashed in alcohol-fuelled crises.

The Ellis family

The Ellis family comprised Karen and the family into which she had married - rather than her family of origin, from which she was largely estranged. Key family members were her husband Steven, and Steven's parents, Fred and Maureen. The focus of the Family Group

Conference was on building relationship and social capital so as to enable Karen to be discharged from hospital with her new baby son, following serious perinatal mental health difficulties which she connected with her experience of sexual abuse as a child:

> '*That was ... what was causing me the post-traumatic stress disorder and I think also, becoming a mum myself and knowing that my mum didn't keep me safe, that was what sort of triggered the post-natal depression'*.

Thus, although Karen had formed around herself a family that comprised people who were not implicated in her experience of trauma, its residue was nevertheless present in the dynamics of her new family situation, as she had not been able to put the experience entirely behind her. To some extent, her new family, although caring, were bewildered onlookers of a re-enactment of traumatic distress that they could not comprehend. Karen recognised that *'it was difficult for Steven',* and Fred and Maureen clearly struggled to engage with Karen's experience – in Fred's words, '*not really understanding it but being aware of the problem'*.

Family interactions were dominated by sudden and unpredictable shifts in emotional tone as unresolved feelings related to past trauma could irrupt into the present. Maureen observed that '*sometimes it's like you throw a switch and you like switch the sadness on*'. She described how Karen could be '*a very huggy person*' at some moments, and then at other times '*she didn't want any. She'd come to the door and ... it's either yes or no ... and you knew*'.

The seriousness of Karen's post-natal distress meant that they had to find more effective ways of pulling together as a family network. At a practical level, this involved Fred and Maureen providing childcare so as to enable Karen to join (and subsequently volunteer at) a young mothers' support group at the local Children's Centre – which proved crucial in Karen's recovery. However, for relationships to function well at a practical level, there was a need to have a different sort of conversation at an emotional level. For Karen, it was particularly important to negotiate a family schema in which she could more openly share the *'reasons behind*' her mental distress, particularly with her in-laws (whom she had effectively situated as her adoptive parents):

> *'Because they [now] understand what's going on, I was able to be much more open and honest about what was happening... whereas before I – it was all kept quite hush-hush and ... not talked about. So I think the Family Group Conferencing was something that enabled that conversation to happen and enabled the understanding, so therefore it was easier ... to confide in people.'*

Maureen also recognised a freeing-up of emotional communication within the family had become possible as a result of the Family Group Conference:

'Everything needs to come out and I think that is happening now. I think that's what it was – what was good about it'

The post-traumatic dynamics of the Ellis family were very different from those of the Bryants. As the experience of trauma had taken place outside of the current family network, there was no wider nexus of family relationships that were locked into a collective traumatic past. While the issues were similar in terms of how to share a difficult 'truth', the rest of her new family recognised that they needed to hear about it, if they were to be able to provide effective support. For them, the framework of the Family Group Conference gave sufficient focus and support for the conversation to take place: a conversation that had significantly transformed and enhanced the recovery capital that was now embedded within the family schema, together with opening up opportunities for Karen to enhance her social capital. In Fred's words, this was a turning point as it had provided an opportunity where '*she could tell people what the problem was, she could tell people how she felt'* – and this had been sufficient for '*family members ... [to be] able to be supportive'.*

Conclusions and implications

This Paper brings together elements of an original conceptual framework for making sense of how past trauma may 'trouble' the ongoing social and relational functioning of families, and hence what may be important in supporting and enabling change. Applying the concept of recovery capital at the scale of the family enables the mapping – and mobilisation – of economic, social, identity and relationship capitals in trauma recovery. Complementing this, an examination of family schema opens up an exploration of how the internal organisation of family life may embody hierarchies, schisms or dissociative processes or, conversely, create space for mutuality and mentalisation.

This study is also groundbreaking in terms of exploring the relational impact of trauma within the context of family support and decision-making services. While each family narrative describes experiences and challenges that are very diverse, they all demonstrate how trauma may impact on the longer term schema of family interactions – potentially across generations. However, they also demonstrate that families may be receptive to the opportunities provided by 'whole-family' services. These involvements may be relatively brief (as in Family Group Conferencing) or more extended (as in family support).

A common theme was an appreciation of how informal, accepting and inclusive services could provide a space, not just for rebuilding the more practical aspects of social, relationship and identity capital, but also for opening up processes of mentalisation in which the previously unsaid could be shared and heard, and different ways of relating could be practised. This could enable the shifting of destructive and incapacitating patterns of distance, re-enactment and dissociation that had become embedded in a family schema.

There can be a tendency to assume that such progress can only be accomplished within the formal context of family therapy, but this would suggest that, at least for some families, relationship 'scaffolding' can be effectively rebuilt within more informal family support and decision-making settings.

However, as evidenced by the Bryant family's narrative, models may need to be adapted to provide sufficient support for underlying issues to be resolved. For family support services, it may be important to ensure that, rather than a narrower focus on, say, parenting skills, there is a genuine 'whole-family' space in which all relationships may be included within activities and conversations, including children or adults who may not currently be co-resident. For Family Group Conferencing, there may need to be recognition that enabling a family to resolve issues relating to past trauma – and have the necessary family-level capitals with which to do this – may in some instances require more collective meetings that a single one-off conference.

At a theoretical level, certain concepts would appear helpful in enabling services to work with traumatised relationships. The concept of family schema as an embedded resource or source of capital would seem central – and its interconnections both with collective emotional processing and with the external performance of family identity. Particular features in post-traumatic family schemas are likely to be issues around distance and trust, and also a dissociative switching between periods of relative functionality (as long as post-traumatic elements are suppressed) and periods of disintegration and uncontained emotion. (Re)learning collective abilities to listen, mentalise and offer acceptance can be possible through supportive and enabling services that can mobilise the wider family and keep a focus on all familial relationships, not just on parent-child or other dyads.

Alongside this, a positive focus on social and relationship forms of capital within (and beyond) the wider family provides a useful counter-balance to a potentially over-individualising (and deficit-focused) emphasis on damaged or damaging psychological processes. Such an approach may promote an ethos which is seen as relevant, empowering and facilitative by family members – and a positive reason for coming together. Family support and enablement services may have an important role to play in reconnecting families to wider networks of social capital and helping people to rebuild capable family identities that are founded on an acceptance of what may have happened, rather than a fragile pretence of 'normality'.

Both the underpinning theoretical framework and the themes emerging from the family narratives are of considerable relevance to the developing array of services, both in the UK and internationally, that are seeking to provide whole-family support and enablement – with particular implications for how services orient themselves and how staff are trained and supported. An essential part of 'Thinking Family', and of the development of approaches such as restorative practice, needs to be an appreciation of how experiences of

trauma may not just be troubling individual family members, but also the collective capabilities of families as a whole.

References

Auxéméry Y (2012) Posttraumatic stress disorder (PTSD) as a consequence of the interaction between an individual genetic susceptibility, a traumatogenic event and a social context *Encephale.* 38(5):373-80.

Bateman, A and Fonagy, P (2010) Mentalization based treatment for borderline personality disorder. *World Psychiatry* 9:11-15

Bentovim, A (1996) Trauma organised systems in practice: implications for work with abused and abusing children and young people. *Clinical Child Psychology and Psychiatry* 1(4): 513-524

Cabinet Office (2007) *Reaching out: think family. Analysis and themes from the Families at Risk review.* London: Cabinet Office

Collins, K., Connors, K., Davis, S. et al, (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center.

Cornford, J., Baines, S. and Wilson, R. (2013) Representing the family: how does the state 'think family'? *Policy and Politics*, 41(1):1–18

DCLG (2014) *Understanding troubled families*. London: Department of Communities and Local Government

Easton, G (2010) Critical realism in case study research. *Industrial Marketing Management* 39:118–128

Ford, J., and Courtois, C. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. Courtois and J. Ford (Eds.), *Treating complex traumatic stress disorders* (pp. 13–30). New York: Guilford.

Ford, J and Saltzman, W (2009) Family systems therapy. In C. Courtois and J. Ford (Eds.), *Treating complex traumatic stress disorders* (pp. 391-414). New York: Guilford.

Frost, N, Abbott, A and Race, T (2015) *Family support.* Cambridge: Polity

Garrett P.M. (2007) 'Sinbin solutions: the "pioneer" projects for "problem families" and the forgetfulness of social policy research'. *Critical Social Policy* 27(2):203–30.

Gunn, D (1980) Family identity creation. In N Stinnett, B Chesser, J de Frain and P Knaub (eds) *Building family strengths* (pp17-31). Lincoln: University of Nebraska

Harms, L (2015) *Understanding trauma and resilience*. London: Palgrave Macmillan

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Holland, S and Rivett, M (2008) 'Everyone started shouting': making connections between the process of family group conferences and family therapy practice. *British Journal of Social Work* 38(1):21-38.

Kessler, R., Chiu, W., Demler, O. et al. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62:617-627.

Main, M. and Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status. In M.T. Greenberg, D. Cicchetti and E.M. Cummings (Eds*.) Attachment in the Preschool Years* (pp.161-181), Chicago: University of Chicago Press

Mason, P, Ferguson, H, Morris, K, Munton, T and Sen, R (2017) *Leeds Family Valued – evaluation report.* London: Department for Education

Meyer, S and Lunnay, B (2013) The Application of Abductive and Retroductive Inference for the Design and Analysis of Theory-Driven Sociological Research. *Sociological Research Online*, 18(1):12

McCubbin, H, Thompson, A, Thompson, E, et al (1998) Ethnicity, schema and coherence. In H McCubbin, E Thompson, A Thompson and J Fromer (eds) *Stress, coping and health in families* (pp. 41-70). Thousand Oaks CA: Sage

McFarlane, A and van der Kolk, B (1996) Trauma and its challenge to society. In B van der Kolk, A McFarlane and L Weisaeth (eds) *Traumatic stress* (pp.24-46). New York: Guilford Press

Ozer, E, Best, S., Lipsey, T., and Weiss, D. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin*, 129:52-73.

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*, London: Sage

Robson, K, Tooby, A and Duschinsky, R (2015) Love Barrow Families: a case study of transforming public services. In S Vincent (ed) *Early intervention: supporting and strengthening familie*s pp.84-98. Edinburgh: Dunedin

Shapiro, D and Levendosky, A (1999) Adolescent survivors of childhood sexual abuse: the mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse and Neglect* 23(11):1175-91

Tew, J (2013) Recovery capital: what enables a sustainable recovery from mental health difficulties? *European Journal of Social Work* 16:3 360-74

Tew et al 2016

Tew, J, Nicholls, V, Plumridge, G and Clarke, H (2017) Family-inclusive approaches to reablement in mental health: models, mechanisms and outcomes *British Journal of Social Work* 47:3, 1 April 2017 864–884

Thoburn, J (2015) The 'Family Recovery' approach to helping struggling families. In K Davies (ed) *Social Work with troubled families*. London: Jessica Kingsley.

Walsh, F (2003) Family resilience: a framework for clinical practice. *Family Process* 42(1):1-18

Wilson J (ed) (2006) *The posttraumatic self: restoring meaning and wholeness to personality*. London: Routledge

York Consulting (2011) *Turning around the lives of families with multiple problems*. London: Department for Education

de Zulueta, F (2006) The treatment of psychological trauma from the perspective of attachment research. *Journal of Family Therapy* 28:334-351